BUDGET 2006

Ministry of Health

2006/07 – 2008/09 SERVICE PLAN

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Message from the Minister and Accountability Statement

I am pleased to present the 2006/07 - 2007/08 Service Plan for the Ministry of Health. This plan outlines the strategic priorities and key initiatives for the health system over the next three years.

Our health system is one of British Columbia's most cherished assets, and we are committed to ensuring it continues to provide British Columbians with high quality health services that meet their needs now and in the future. Over the past five years we have worked hard in British Columbia to modernize and reshape our health system to allow it to meet the evolving needs of our citizens and remain sustainable into the future. We have made tremendous progress, and were recently recognized by the Conference Board of Canada as having the best overall health system performance in Canada. Our PharmaCare program and chronic disease management approaches lead the country, while our cancer treatment network continues to contribute to British Columbians having the best cancer outcomes in Canada. We've focused on designing and delivering evidence-based, best practice health services that best meet people's individual needs. For example, we've modernized the residential care sector to increase independence for seniors, and enhanced important services like BC NurseLine to ensure citizens have access to health information and advice when they need it.

As we move forward, our work will be guided by our government's Five Great Goals for a Golden Decade. Health is a key component of those goals, and our vision of a modern health system is one that supports British Columbians across their life span, whether they need support to stay healthy, get better from an illness or injury, live with and manage a chronic disease or disability, or cope with the end of life.

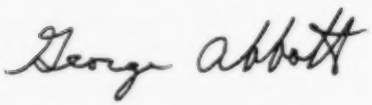
This service plan shows how we will build on our accomplishments and extend innovation across the continuum of health services. We will encourage and help people to enjoy healthy lifestyles and the benefits of healthy living through ActNow BC, the most comprehensive health promotion program in North America. At the same time, we will also work through our world-class public health networks to protect British Columbians from preventable illnesses by monitoring and safeguarding against the outbreak of diseases like avian influenza and West Nile virus.

Our service plan demonstrates the ministry's commitment to providing timely access to needed health services when people do get sick or injured. We will continue to implement innovative strategies to provide access in a timely manner to vital services such as cancer treatment, cardiac care, sight restoration and diagnostic imaging, and will strategically invest in providing more surgeries to improve access and address the growing demand for hip and knee replacements for British Columbians. We will also continue to focus on ensuring our hospitals and emergency rooms are available and able to meet the needs of patients when they are required.

Our strategies to further improve the quality and safety of services, particularly for people with chronic diseases, mental health and addictions patients, and those at the end of life, will remain priorities. And we will also continue with the renewal of residential, home and community care to better meets the needs of modern British Columbians. Our priority in this area is completing 5,000 new residential care, assisted living and supportive housing with care beds by December 2008.

This service plan also contains strategies focused on improving the overall efficiency and sustainability of our public health care system. We are embarking on a major eHealth strategy to utilize advances in technology and information systems that will enable practitioners to deliver services more efficiently and safely. And we are also continuing to implement our health human resource strategies to ensure British Columbia has the appropriate mix and number of health professionals to deliver high quality services today and in the future. Further, we will continue to make strategic investments in our health system infrastructure to ensure the health system has the capacity to meet the population's health needs. A number of capital projects are planned across the province, including expanding facilities providing services to residents of Surrey where the pressure of population growth is the highest in the province.

The Ministry of Health 2006/07 – 2008/09 Service Plan was prepared under my direction in accordance with the *Budget Transparency and Accountability Act*. I am accountable for the basis on which the plan has been prepared. All material fiscal assumptions and policy decisions as of February 16, 2006 have been considered in preparing the plan and I am accountable for achieving the specific objectives in the plan.



Honourable George Abbott
Minister of Health

February 16, 2006

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Ministry Overview

Purpose of Ministry

The Ministry of Health is responsible for British Columbia's health system, with a mandate to guide and enhance the province's health services to ensure British Columbians are supported in their efforts to maintain and improve their health. The B.C. health system is one of the province's most valued social programs as it touches all British Columbians' lives — at some point virtually every person in the province will access some level of health care or health service. Furthermore, good health is critical to overall well being because it enables people to enjoy their lives to the fullest, take advantage of education and employment opportunities, and participate fully in society and the economy.

The ministry has been leading a redesign of health services in the province to ensure our health system meets the needs of the population now and in the future. The ministry works closely with health service providers throughout British Columbia to design and deliver services to assist people across their life spans, from health promotion and protection programs to maternity services to surgical procedures to end-of-life care.

The Ministry of Health provides leadership, direction and support to our service delivery partners, such as health authorities, physicians and other health professionals, who directly deliver the majority of health services in British Columbia. The province's six health authorities are the main organizations responsible for local health service delivery. Five regional health authorities are responsible for delivering a full continuum of health services to meet the needs of the population within their respective regions. A sixth health authority, the Provincial Health Services Authority, is responsible for ensuring British Columbians have access to a coordinated network of high quality specialized health services, such as cancer care, specialized cardiac services and transplant operations. Performance agreements between the ministry and each health authority are used to detail health authority responsibilities and the ministry's expectations for service delivery.

Vision, Mission and Values

Vision

A health system that supports people to stay healthy, and when they are sick provides high quality publicly funded health care services that meet their needs.

Mission

To guide and enhance the province's health services to ensure British Columbians are supported in their efforts to maintain and improve their health.

Values

A set of beliefs, consistent with the principles of the *Canada Health Act*, defines our organizational behaviour:

- **Citizen and patient focus** which respects the needs and diversity of all British Columbians.
- **Equity** of access and in the quality of services delivered by government.
- **Access** for all to quality health services.
- **Effectiveness** of delivery and treatment leading to appropriate outcomes.
- **Efficiency**, providing quality, effective, evidence-based services in a cost-effective way.
- **Appropriateness**, providing the right service at the right time in the right place.
- **Safety** in the delivery of health services to minimize the risks to the health and safety of British Columbians.

Ministry Goals

Goal 1: *Improved Health and Wellness for British Columbians.*

British Columbians are supported in their pursuit of better health through health protection and promotion and disease prevention activities.

Goal 2: *High Quality Patient Care.*

Patients receive appropriate, effective, quality care at the right time in the right setting. Health services are planned, managed and delivered in concert with patient needs.

Goal 3: *A Sustainable, Affordable, Publicly Funded Health System.*

The public health system is affordable, efficient and accountable, with governors, providers and patients taking responsibility for the provision and use of services.

Strategic Context

Planning Context and Key Strategic Issues

The Ministry of Health operates within the broader economic, social, and environmental influences that affect the population's health status. Enjoying good health and a high quality of life depends on many factors, including access to quality education, meaningful employment, stable family and community environments, and making healthy lifestyle choices.

Access to high quality health services also has a positive influence on health status. In British Columbia, citizens are supported in maintaining their health by a publicly funded health system, directed by the Ministry of Health and delivered primarily by B.C.'s health authorities and health care professionals. In the past 35 years, the scope of the public health system has expanded beyond traditional hospital and physician services to include comprehensive public health programs, a broad team of service providers, prescription drugs, home and community care and more.

British Columbians have a quality health system they can rely on and have some of the best health outcomes in the country. This is reflected in British Columbia's report on nationally comparable performance indicators entitled *Healthy British Columbia* released in November 2004. The report gives a broad snapshot of the health system and the health of the population in B.C. using 2003 data from the *Canadian Community Health Survey*. The report indicates British Columbians have good access to health care, live healthier longer than other Canadians, are less likely to smoke than other Canadians and more likely than other Canadians to lead an active lifestyle. (The report can be found at http://www.health.gov.bc.ca/cpa/publications/index.html).

Challenges and Risks

The ministry must monitor broader societal indicators and trends to assess and plan for potential impacts on the health of the public and the health system. For instance, while British Columbians currently enjoy the best health status in Canada, there are worrying trends that are already creating unprecedented demands for health services:

- An aging population with a rising burden of illness is resulting in the continuing rise in demand for increasingly complex and expensive health services.
- Tobacco use remains the risk factor that most contributes to the burden of diseases in British Columbia.
- 42 per cent of adult British Columbians are overweight or obese according to self-reported data, and only 58 per cent are physically active or moderately active.

- The health care workforce is aging, and maintaining an adequate supply and mix of health professionals and workers will be challenging.

British Columbia's population growth and demographic shifts are also putting pressure on the health system, as health services tend to be used at higher rates in older age groups. The following demographic trends help to illustrate the scope of the future challenges to the health system:

- British Columbia's population is growing; in 2005 the population increased by 42,700 persons and is expected to increase by 45,000 persons in 2006, 47,500 in 2007, and 48,500 in 2008. By 2010, the population is forecast to be 4,485,000, an increase of 5.9 per cent from 2005.
- The share of British Columbia's population over the age of 65 is expanding. Relative to 2005, by 2015 the share of the population over 65 will grow by 24.4 per cent, from 13.9 per cent to 17.3 per cent. Moreover, the median age in British Columbia is expected to reach 42 years by 2015 from 39.6 years in 2005.
- Life expectancy is increasing. In 2005, the median age at death was 79 years and by 2015, it is expected to be more than 81 years.
- An 80-year-old today is twice as likely to have a knee replacement, coronary bypass, or cataract surgery as 15 years ago, and eight times as likely to have an angioplasty procedure.

Furthermore, maintaining a high quality health system is also challenged by a number of other factors in a rapidly changing environment. Those factors include:

- The development of new treatments for patients with conditions that were previously untreatable.
- The emergence of new diseases, which result in new tests, drugs and treatments.
- Public health emergencies such as avian flu, SARS, and West Nile Virus.
- The continuous need to update or expand health facilities, technology and equipment.

Capacity to Manage Risks

Government has annually increased funding for health services; however, funding increases alone will not meet the increasing and changing demands placed on the health system. As shown in this service plan, the ministry is undertaking many strategies to ensure the health system is able to adapt and respond to changing demands.

Our capacity to respond to change has been greatly increased through the development of an accountable, efficient and responsive health sector that welcomes the challenge of improving services for the citizens of British Columbia. One of our strengths is the streamlined structure of five geographic health authorities responsible for the delivery of health services within their regions, and one additional authority responsible for highly specialized services, such as cancer and cardiac care, province-wide. This structure is well designed to manage the complexity of the health system, take advantage of the ability to

adapt to change, foster innovation and make strategic investments across the continuum of care. The British Columbia structure is responsive to the changing needs of the population and well prepared to meet the challenges of an increasingly diverse, growing and aging population.

The ministry and its partners across government and throughout the health system are also focusing efforts on innovative health promotion and disease prevention initiatives to keep the population healthy and mitigate some of the demand for health services. We are implementing programs to reduce the growth of chronic disease in the population by educating and supporting people to eat well, exercise and stop smoking. Also, for those already with a chronic illness, we are working with key stakeholders to improve the care they receive — by involving patients more in their care, providing evidence-based guidelines for physicians, and establishing collaboratives to share best-practice knowledge among providers.

The greatest untapped resource in health care is the consumer. Well-informed patients get better care from their doctors and provide better care for themselves. The issue at hand is how to get the right information into the hands of the right person at the right time. The development of a comprehensive self-care strategy that supports not only individuals but also health care professionals will take advantage of existing resources such as the BC HealthGuide Program and stretch across the continuum of care — from birth to coping with end of life matters. Our goal is to provide British Columbians with the appropriate tools and resources they need to make the right health decisions for themselves and their families.

In addition, the ministry is also engaging in longer-term planning and employing more integrated approaches to anticipating and meeting longer-term needs. The ministry has significantly strengthened its data collection and analysis capability, and developed a long-term planning framework that provides structured guidance to ensure health system planning activities are evidence-based and focused on population and patient needs. The improved data and the framework are guiding the ministry's planning in key service delivery and infrastructure areas, such as health human resource planning, information technology (including eHealth) planning, and capital investment planning for facilities and equipment. Longer-term coordinated approaches based on evidence derived from sound data and analysis strengthens the ministry's ability to make the right strategic investments to address the challenges facing the system, and deliver a quality health system now and in the future.

Core Business Areas

The health system is complex and multi-faceted with many different organizations, agencies and providers delivering services to meet the population's health needs. The ministry's core business areas are organized to reflect the major partnerships and roles that combine to form a high quality, coordinated health system for British Columbians.

Core Business: *Services Delivered By Partners.*

Our partners deliver the vast majority of health services to the public. These services span the continuum of health services, from population health programs to end-of-life care. Accordingly, this core business accounts for the vast majority of health expenditures, and is the primary focus of the system redesign efforts detailed in this service plan. The major areas included in this core business are:

Regional Health Sector

B.C.'s six health authorities are the ministry's key organizational partners in delivering services to British Columbians. More than 90 per cent of the Regional Health Sector funding is provided to the six health authorities for the provision of most local health services, including health promotion and protection services, primary care, hospital services, home and community care, mental health and addiction services, and end-of-life care.

The remaining funding is provided to other health agencies for related health services, including: the provision of blood services, out of province hospital services, post-graduate medical education, health care risk management, and some palliative care services.

Medical Services Plan

The Medical Services Plan funds medically necessary services provided by physicians, surgeons, midwives and other practitioners, including diagnostic services. Services are funded in a variety of ways: through fee-for-service, contracts (including contracts with health authorities), salaried positions or sessions. Medical Services Plan funding also provides supplementary benefits to low-income British Columbians for a range of services, including physical therapy, naturopathy and chiropractic.

PharmaCare

PharmaCare is B.C.'s prescription drug insurance program and includes several benefit plans. The main plan is Fair PharmaCare, which provides insurance to B.C. families for prescription drug costs. Several other plans exist to address the health needs of individuals, including seniors in long term care facilities, severely disabled children who are cared for at home, enzyme treatment for people with cystic fibrosis, and clients on provincial income assistance.

Health Infrastructure Investment (Debt Service Costs and Amortization of Prepaid Capital Advances)

Government provides debt-financed funding to health authorities for specific capital purposes including the capital cost of new buildings and renovations and improvements to health facilities, as well as diagnostic and medical equipment and information technology. Debt service costs and amortization related to infrastructure investment are captured in this area.

Health Benefit Operations

Health Benefit Operations provides administrative services for B.C.'s PharmaCare Program and Medical Services Plan. These services do not involve direct health care delivery, but include registering beneficiaries, processing medical and pharmaceutical claims from health professionals, and responding to inquiries from the public. Since April 1, 2005 these administrative services have been delivered by Health Insurance BC through an operating agreement. Funding in this area represents the ministry's purchase of these administrative services.

Core Business: *Services Delivered By Ministry.*

This core business encompasses two important public services: the B.C. Ambulance Service, which is delivered through the Emergency Health Services Commission, and the Vital Statistics Agency.

Emergency Health Services (B.C. Ambulance Service)

The B.C. Ambulance Service (BCAS) is responsible for providing effective, efficient and equitable emergency health services for the province. Approximately 1,300 full-time and 1,900 part-time paramedics and dispatchers provide emergency and medical transport services. BCAS is a provincial service with 190 stations and 460 ambulances across the province, providing more than 460,000 ground calls and 7,000 air evacuations annually.

British Columbia Vital Statistics Agency

The Vital Statistics Agency is responsible for documenting important events for B.C. citizens such as births, marriages, and deaths. There are two primary outputs of the Agency's vital event registration activities: the production of accurate, timely and relevant health statistics and information, and the issuance of certified documents pertaining to individual vital events (e.g., birth certificates). The Agency also has a key responsibility to secure and protect personal identity records by taking appropriate measures to prevent identity theft and related frauds as they may relate to British Columbia vital event records and documents.

Core Business: *Stewardship and Corporate Management.*

As stewards of the system, the ministry provides leadership and support to our health system partners, including health authorities, physicians and other care providers.

The ministry sets the overall strategic direction for the health system, provides the appropriate legislative and regulatory frameworks to allow it to function smoothly, and plans for the future supply and use of health professionals, technology and facilities. The ministry also monitors the health of the population and plans for and coordinates responses to major public health risks and emergencies. Lastly, the ministry evaluates health system performance against clearly articulated expectations, and takes corrective action where necessary to ensure the population's health needs are being met.

This core business area includes the Office of the Provincial Health Officer. Under the *Health Act*, the Provincial Health Officer is the senior medical health officer for British Columbia and provides independent advice to the Minister of Health, the ministry and the public on public health issues and population health. Each year, the Provincial Health Officer must report publicly, through the Minister of Health, to the legislature, on the health of the population.

Resource Summary

Core Business Areas	2005/06 Restated Estimates[1]	2006/07 Estimates	2007/08 Plan	2008/09 Plan
Operating Expenses ($000)				
Services Delivered by Partners				
Regional Health Sector Funding	7,239,748	7,475,454	7,602,174	7,652,174
Medical Services Plan	2,625,734	2,739,102	2,739,102	2,739,102
PharmaCare	889,547	954,770	1,013,771	1,037,433
Debt Service Costs	169,500	162,200	177,100	199,600
Amortization of Prepaid Capital Advances	152,908	173,100	197,000	223,200
Health Benefit Operations	28,213	28,448	28,580	28,580
Sub-total	11,105,650	11,533,074	11,757,727	11,880,089
Services Delivered by Ministry				
Emergency Health Services	253,523	267,044	278,312	293,202
Vital Statistics	6,786	7,221	7,221	7,221
Sub-total	260,309	274,265	285,533	300,423
Recoveries from Health Special Account				
Recoveries from Health Special Account	(147,250)	(147,250)	(147,250)	(147,250)
Health Special Account	147,250	147,250	147,250	147,250
Sub-total	0	0	0	0
Executive and Support Services				
Minister's Office	567	619	621	623
Stewardship and Corporate Management	102,550	107,255	108,152	109,188
Sub-total	103,117	107,874	108,773	109,811
Total	**11,469,076**	**11,915,213**	**12,152,033**	**12,290,323**
Full-time Equivalents (Direct FTEs)				
Direct FTEs	2,770	2,852	2,892	2,932
Total	**2,770**	**2,852**	**2,892**	**2,932**

[1] These amounts have been restated for comparative purposes only to be consistent with the presentation of the 2006/07 *Estimates*. Schedule A of the 2006/07 *Estimates* presents a detailed reconciliation.

CRF Capital Categories	2005/06 Restated Estimates[1]	2006/07 Estimates	2007/08 Plan	2008/09 Plan
Ministry Capital Expenditures (Consolidated Revenue Fund) ($000)				
Building, Tenant Improvement, Land, Land Improvement, Road, Bridges, and Ferries	2,750	1,500	500	500
Vehicles, Specialized Equipment, Office Furniture and Equipment, Telecomm	8,670	11,139	11,152	11,525
Information Systems	49,130	59,238	52,049	20,199
Total	**60,550**	**71,877**	**63,701**	**32,224**
Project Type	**2005/06 Restated Estimates[1]**	**2006/07 Estimates**	**2007/08 Plan**	**2008/09 Plan**
Capital Plan ($000)				
Health Care Facilities	280,000	330,000	401,000	380,000
Total	**280,000**	**330,000**	**401,000**	**380,000**
Core Businesses	**2005/06 Restated Estimates[1]**	**2006/07 Estimates**	**2007/08 Plan**	**2008/09 Plan**
Other Financing Transactions ($000)				
Receipts — Health Innovation Incentive Program[2]	769	—	—	—
Total	**769**	**—**	**—**	**—**

[1] These amounts have been restated, for comparative purposes only, to be consistent with the presentation of the 2006/07 *Estimates*.

[2] Health Innovation Incentive Program — Loans (disbursements) are no longer provided to health authorities or other health agencies. Receipts represent repayment by health authorities of the loans (disbursements) made in previous years. Administration costs are funded through the ministry's voted appropriations.

Health Authorities Included in the Provincial Reporting Entity

As required under the *Budget Transparency and Accountability Act*, British Columbia's six health authorities are included in the government reporting entity. The health authorities have been primary service delivery organizations for the public health sector for several years and many of the performance measures and targets included in the ministry's service

plan are related to services delivered by the health authorities. The majority of the health authorities' revenues and a substantial portion of the funding for capital acquisitions are provided by the province in the form of grants from ministry budgets.

Description	2005/06 Forecast	2006/07 Plan	2007/08 Plan	2008/09 Plan
Health Authorities and Hospital Societies — Combined Income Statement ($000)				
Total Revenue[1]	8,727,000	8,941,000	8,996,000	9,113,000
Total Expense[2]	8,727,000	8,941,000	8,996,000	9,113,000
Net Results	**0**	**0**	**0**	**0**

[1] Revenue: Includes provincial revenue from the Ministry of Health, plus revenues from the federal government, co-payments (which are client contributions for accommodation in care facilities), fees and licences and other revenues.

[2] Expenses: Provides for a range of health care services, including primary care and public health programs, acute care and tertiary services, mental health services, home care and home support, and assisted living and residential care.

Major Capital Projects

Capital investments in the health system ensure the infrastructure needed to support the continuum of care is maintained and expanded as the province's population grows and health needs and health services change. Health sector capital investments include: health facilities, such as hospitals, clinics and residential and complex care settings; medical equipment, including CT scanners, MRIs, laboratory systems and surgical equipment; and information technology and information management systems that improve quality and efficiency, and increase access to services, particularly in rural areas.

The province's six health authorities and the ministry collaborate on financial and infrastructure planning to ensure capital investments in the health system are strategic and cost-effective. Recognizing the significant cost and long lifespan of most capital investments — both in acquisition and use — the ministry and health authorities are moving toward a comprehensive ten-year capital planning process that is aligned with other health sector planning. This change in the planning horizon will enable the ministry to better anticipate future demand for health services, resulting from a growing and aging population and medical and technological innovations, and to plan and prioritize long-term capital investments accordingly.

Current health sector projects include: expanding hospital services in Surrey, Cranbrook, Nanaimo, Prince George and Vancouver; completing the new Abbotsford Regional Hospital and Cancer Centre; opening the new Vancouver General Hospital Academic Ambulatory Care Centre; expanding B.C.'s medical school; establishing 5,000 new residential care, assisted living and supportive housing with care beds throughout the province; and continuing to invest in high tech medical equipment such as MRIs and CT Scanners, as well as in information management technology to support B.C.'s eHealth strategy.

Major capital projects currently underway include:

- Replacing the Matsqui-Sumas-Abbotsford hospital with a new, 300-bed Abbotsford Regional Hospital and Cancer Centre to serve the Fraser Valley. The new hospital will provide enhanced programs and services, including a new cancer centre, to meet the health needs of Fraser Valley residents over the next 30 years. The $355 million project will be finished in 2008.
- Building the new Academic Ambulatory Care Centre located at Vancouver General Hospital. The new Centre is a state-of-the-art, 11 storey health facility that will provide a wide range of outpatient health services while also providing medical education facilities and physician and specialist offices. The project is estimated at $95 million and is scheduled for completion in 2006.
- Expanding the East Kootenay Regional Hospital in Cranbrook to enhance its Regional Health Care Centre role. The addition will expand and upgrade the Emergency, Ambulatory Care and Diagnostic Imaging departments. The $32 million project is scheduled for completion in fall of 2007.
- Building a new wing at the Nanaimo Regional General Hospital for perinatal care that will include 15 labour/birthing rooms and a special care nursery, as well as private rooms to allow for family centered maternity care. The expansion is scheduled to open in the spring of 2007 and will cost $15.6 million.
- Expanding Surrey Memorial Hospital. The project plans include increasing the number of acute care beds, building a new ambulatory care facility and building a new emergency department. Construction of the ambulatory care facility is expected to start in 2007. These initiatives are expected to cost between $187 and $224 million.
- A building addition and renovations in the Prince George Regional Hospital to accommodate a special care nursery, a combined labour delivery and maternity unit and improvements to paediatrics and paediatric ambulatory care. The project has a budget of $12.5 million is scheduled for completion in the fall of 2006.
- Continuing the redevelopment of the Vancouver General Hospital to create a modern and efficient hospital environment for enhanced accessibility and patient care. This $156 million project will be completed in 2007.
- Investing in British Columbia's eHealth strategy to improve quality and enhance efficiency in the health system, beginning with the eHealth Drug Project and the Provincial Laboratory Information Solution (PLIS). The eHealth Drug Project will improve patient safety and care quality, and streamline care delivery and better manage costs. The project encompasses expanding authorized access to PharmaNet medication profiles; increasing the content in the medication profiles; deploying clinical and financial reference tools at the point-of-care; and implementing electronic prescribing. Meanwhile, the PLIS project is to support care providers with timely access to laboratory information at the point of care, anywhere in the province. Canada Health Infoway is a strategic investor in PLIS, which will begin implementation in 2007.

Goals, Objectives, Strategies and Results

Overview

Ministry Linkage to the Five Great Goals

Government has set out five overarching goals to guide the work of ministries in achieving the full potential of British Columbia. The Five Great Goals for a Golden Decade focus on literacy and education, healthy living and physical fitness, supports for disadvantaged populations, job creation, and environmental stewardship.

The work of the Ministry of Health is guided by the government's Five Great Goals. While the ministry's primary contribution to achieving the five goals can be found in the goals focused on health and wellness (Goal 2) and providing supports to disadvantaged groups (Goal 3), the work of the ministry ultimately contributes to the achievement of all the government's goals. Following is an overview of the key initiatives for B.C.'s health system that support the attainment of the Five Great Goals for a Golden Decade.

Great Goal 1: ***Make British Columbia the best-educated, most literate jurisdiction on the continent.***

The Ministry of Health will:

- Provide health promotion and disease prevention programs that will help people stay healthy so they can learn. For instance, the ministry will contribute to healthy childhood development by providing hearing screening, sight testing and dental checks for children before the age of six.

Great Goal 2: ***Lead the way in North America in healthy living and physical fitness.***

The Ministry of Health will:

- Lead government's ActNow BC initiative through which all ministries and all sectors will contribute to supporting British Columbians to make healthy lifestyle choices in their schools, workplaces and communities. The ActNow BC initiative will promote physical activity, healthy eating, living tobacco free, and making healthy choices during pregnancy.
- Strengthen health protection programs to prepare for and respond to major public health risks such as SARS, West Nile, influenza, meningitis, and natural or accidental disasters.
- Continue to deliver expanded immunization programs for children and seniors.
- Work to continue to reduce inequalities in health status among British Columbians, with a particular focus on improving Aboriginal health and wellness.

- Expand the BC HealthGuide and BC NurseLine program to provide citizens with health information and advice 24 hours a day, 7 days a week, with translation services in over 130 languages.

Great Goal 3: *Build the best system of support in Canada for persons with disabilities, those with special needs, children at risk, and seniors.*

The Ministry of Health will:

- Expand home and residential care options for seniors and the disabled, including building 5,000 new residential care, assisted living and supportive housing with care spaces in partnership with BC Housing and community affiliates by December 2008.
- Invest in strengthening and modernizing health services for seniors.
- Continue to enhance mental health and addiction services across the province, and participate with other ministries, health authorities, BC Housing, municipalities and community organizations to develop and implement strategies to address mental health, addictions and homelessness.
- Work with the Ministry of Children and Family Development and the Ministry of Education to better integrate services for children and youth with special needs.

Great Goal 4: *Lead the world in sustainable environmental management, with the best air and water quality, and the best fisheries management, bar none.*

The Ministry of Health will:

- Work with ministries across government on the ongoing implementation of the *Drinking Water Protection Act* to ensure safe, quality drinking water for British Columbians.
- Work with ministries across government to protect and enhance the province's air quality by moving ahead on the recommendations of the Provincial Health Officer's Report on Air Quality in British Columbia.

Great Goal 5: *Create more jobs per capita than anywhere else in Canada.*

The Ministry of Health will:

- Continue to foster innovation in the expanding health sector while creating safe, healthy and rewarding workplaces that will attract skilled workers and professionals to British Columbia.
- Work with the Ministry of Advanced Education, post-secondary institutions, the federal government and other provinces and territories to address the long-term need for a stable supply of health workers.
- Encourage health research and innovation by completing a $100 million investment in the Michael Smith Foundation for Health Research.

Cross Ministry Initiatives

The Ministry of Health is an active contributor to several cross ministry initiatives. Most significantly, the ministry leads government's ActNow BC initiative, which involves all ministries and all sectors in supporting British Columbians to make healthy lifestyle choices.

The ministry will also continue to work with other ministries across government to support a number of key government initiatives. Examples of the ministry's actions in these areas include:

- **First Nations** — the ministry supports government's efforts to improve First Nations' economic and social position in B.C. The Ministry of Health will work with federal, provincial and territorial governments, as well as Aboriginal organizations, to eliminate health inequalities between First Nations people and the general population.
- **Literacy** — the ministry supports government's literacy initiative by delivering programs that help ensure children are healthy and ready to learn. New healthy childhood development programs such as hearing screening, sight testing and dental checks for all children before age six, can help children be healthy when they reach school-age.
- **Children's Agenda** — the ministry supports government's focus on children by developing and implementing numerous healthy child development programs and healthy living initiatives.
- **Crystal Meth Strategy** — the ministry is working with other ministries and organizations to combat crystal meth and other substance use in British Columbia. The ministry supports these coordinated efforts by designing and delivering prevention and addiction treatment programs.
- **2010 Olympic and Paralympic Winter Games** — the Ministry of Health is contributing to B.C.'s preparations for hosting the world at the 2010 Games. The ministry is chiefly involved in ensuring emergency preparedness programs are in place and in planning for the effective use of emergency services, such as the B.C. Ambulance Service, during the 2010 Olympic and Paralympic Winter Games.
- **Asia-Pacific Strategy** — the ministry supports government's initiative to open new opportunities for trade and leadership across the Asia-Pacific Gateway. The ministry supports this initiative through the promotion of the world-class services of the BC Centre for Disease Control. The BCCDC is poised to become the Pacific centre of excellence in disease control.
- **Regulatory Reform** — the ministry is continuing to support government's commitment to reduce the regulatory burden and develop a modern regulatory framework. The ministry will continue to identify reduction and reform opportunities, and focus on improving regulations to ensure they are consistently results-based, cost-effective and flexible, and promote competitiveness and innovation.

Performance Plan

Goal 1: *Improved Health and Wellness for British Columbians.*

British Columbians are supported in their pursuit of better health through health protection and promotion and disease prevention activities.

Core Business Areas: ***Services Delivered by Partners.***
Stewardship and Corporate Management.

Objective 1: *Individuals are supported in their efforts to stay healthy and make healthy lifestyle choices.*

British Columbians in general are among the healthiest people in the world. We want to support the excellent health status of the majority of our citizens while also helping those in the population who do not enjoy good health or are at risk of diminishing health from factors such as poor dietary habits, obesity, inactivity, injuries, tobacco use and problematic substance use. Services such as health promotion and protection, and chronic disease prevention and management, are important to maintaining and improving health outcomes while containing overall health system costs.

Providing British Columbians with self care tools and resources can empower individuals and families to stay healthy and manage minor and chronic conditions safely, in collaboration with a health care professional where necessary. If we can keep people healthy and out of the health care system, we win on two fronts: people have a better quality of life, and scarce resources can be freed up for non-preventable illness.

Key strategies include:

- Working with health authority partners and other government ministries and organizations to develop and implement ActNow BC, a program to promote healthy lifestyles and prevent disease by providing people with the information, resources and support they need to make healthy lifestyle decisions. Specifically, ActNow BC will promote physical activity, healthy eating and weight, living tobacco free and making healthy choices during pregnancy.
- Assisting people to stay healthy across their life-span through the development of a staying healthy framework. The framework complements the illness care components of the health system; provides a system-wide approach to staying healthy; and focuses on public health renewal, population health promotion, prevention services in primary care, and self-care.
- Supporting healthy childhood development through programs to identify problems with hearing, vision or dental health for children before they reach Grade 1, and providing the supports and services necessary to address their needs.

- Working with the Ministry of Education under the broad Health-Promoting Schools initiative to address elementary students' physical activity levels with the Action Schools! BC program, phase out junk food sales, implement the School Food and Vegetable Snack Program, and provide information on healthy lifestyles.
- Providing British Columbians 24 hour-a-day access to health information, advice and resources to assist their self-care and self-management by expanding the BC NurseLine and other components of the BC HealthGuide program.
- Working with health authorities and other partners to develop a comprehensive approach to self-care across the continuum of care, from birth to coping with end of life.
- Working with the federal government and other provinces to develop a pan-Canadian Public Health Strategy, which will set goals and targets for improving the health status of Canadians.

Performance Measures:

B.C.'s Provincial Health Officer tracks 91 indicators that survey the overall health of the population. From monitoring the quality of our natural environment, to assessing the condition of the broader determinants of health, like employment, education and income inequality, the indicators give a comprehensive understanding of our province's health. The latest iteration of this annual report can be found at: http://www.health.gov.bc.ca/pho.

The ministry has chosen to track two indicators found in the Provincial Health Officer's report: smoking rates (age 15 +) and physical activity levels (age 12 +). These indicators will help assess the effectiveness of programs to encourage tobacco reduction and physical activity. Long-term targets have been set in accordance with the ActNow BC initiative.

For smoking rates, the target is to continue B.C.'s downward trend of tobacco use by a further 10 per cent — from the 2003 prevalence rate of 16 per cent to 14.4 per cent of the population by 2010.

For physical activity, the target is to increase by 20 per cent the proportion of the B.C. population currently classified as active or moderately active from the 2003 rate of 58.1 per cent to 69.9 per cent of the B.C. population by 2010.

Performance Measures	Baseline	2006/07 Target	2007/08 Target	2008/09 Target	Long-Term Target (2010)
Smoking rates (age 15+).	15% (2004)	Decrease towards long-term target.	Decrease towards long-term target.	Decrease towards long-term target.	14.4%
Physical Activity Index* (age 12+).	58.1% classified as active or moderately active. (2003)	Increase towards long-term target.	Increase towards long-term target.	Increase towards long-term target.	69.9% classified as active or moderately active.

* Data collected through the Canadian Community Health Survey. The most recent available data will be used for reporting purposes.

Objective 2: *Protection of the public from preventable disease, illness and injury.*

The second major approach to keeping people healthy is through providing effective public health services to prevent illness and disability. The ministry and its partners play an important role in monitoring and protecting the health of the population. Legislation, regulation and monitoring of food, air and water quality lay the foundation for communities and citizens to live in healthy and safe environments. Immunization programs and infectious disease and injury prevention and control measures also help to improve population health, prevent illness and reduce health care costs.

In addition, as part of promoting and protecting health, the ministry and its partners are focusing on reducing inequalities in health status among the B.C. population. In particular, we are working together to improve the health status of Aboriginal people in British Columbia. In general, the Aboriginal population does not enjoy the same level of good health as the rest of our province's population.

Key Strategies:

- Protect health by implementing core public health programs, including immunization programs, infectious disease and injury prevention and control measures, monitoring and regulating water and environmental safety, reproductive health, food security and health emergency management.
- Continue to prepare and respond in a coordinated system-wide manner to major public health risks, emergencies or epidemics (e.g., West Nile, SARS, pandemic influenza, meningitis outbreaks, and natural or accidental disasters). Work with other provinces and the federal government to reflect best practice implementation of the Canadian Pandemic Influenza Plan.
- Build on the excellence of the BC Centre for Disease Control in protecting British Columbians, and promote it as a leader for the Pacific world.

- Work with provincial ministries, health system partners, the federal government and Aboriginal organizations to eliminate health inequalities between First Nations people and the general population.

Performance Measures:

One important element of effective public health is immunization, particularly for infants and the vulnerable elderly. To this end, the ministry will measure both the percentage of two-year-olds with up-to-date immunizations and the percentage of residents of care facilities who receive influenza vaccinations to protect them in flu season.

Also, the ministry will judge efforts to improve the health status of Aboriginal peoples by tracking post-neonatal infant mortality rates, and comparing them to the general population. Over the past decade the gap between the Status Indian neonatal (< 28 days) infant mortality rate and the rate in the general population has been virtually eliminated. However, a gap does still remain in the post-neonatal group (28 – 364 days of age); accordingly, the ministry will focus on improvements in the post-neonatal subset of infant mortality rates.

Performance Measures	Baseline	2006/07 Target	2007/08 Target	2008/09 Target	Long-Term Target
Two-year-olds with up-to-date immunizations.	69%[1]	5 percentage point increase over prior year.	5 percentage point increase over prior year.	5 percentage point increase over prior year.	95% (2015)
Influenza immunization for residents of care facilities.	91.8% (2004/05)	Maintain at or above 90%.	Maintain at or above 90%.	Maintain at or above 90%.	Maintain at or above 90%.
Aboriginal health status measured by post-neonatal infant mortality of Status Indians (S.I.).	Status Indian 2.2 per 1000; B.C. other residents 1.1 per 1000 live births.[2] (2003)	Decrease over prior year.	Decrease over prior year.	Decrease over prior year.	No statistically significant difference between S.I. and other residents of B.C.

[1] In its 2004/05 Annual Report, the Ministry of Health reported the rate of 69% for 2004/05 based on partial data. The B.C. Centre for Disease Control (BCCDC) has been given the responsibility for data collection for this measure and is developing new reporting methodology to standardize and improve data quality.

[2] A five-year moving average (1999 – 2003) is used for this indicator. Given the relatively low number of infant deaths, a five-year average mitigates year-to-year variation and provides a better indication of longer-term trends.

Goal 2: *High Quality Patient Care.*

Patients receive appropriate, effective, quality care at the right time in the right setting. Health services are planned, managed and delivered in concert with patient needs.

Core Business Areas: ***Services Delivered by Partners.***
Services Delivered by Ministry.
Stewardship and Corporate Management.

Objective 1: *Timely access to appropriate health services by the appropriate provider in the appropriate setting.*

All British Columbians should be able to access appropriate health services when they need them, be that for a visit to a family doctor, prescription drug therapy, emergency treatment, elective surgery or ongoing care. The ministry and its partners have been working diligently to ensure hospitals, community services and health professionals are used in the most efficient and effective way possible so that people get the right type of care in the right type of setting that will lead to the best health outcome. The key approaches have been to ensure there is an adequate supply of key providers, to increase the range and availability of services provided in the community, and to ensure that our hospitals are used effectively to provide emergency and acute care, such as surgery or cancer treatment.

In the past year, British Columbia has been an active participant in the development of new national wait time benchmarks covering services in the priority areas of cancer treatment, cardiac care, sight restoration, hip and knee replacements, and diagnostic services. Overall, British Columbia is performing well in providing timely access to services in these areas, although the rapidly increasing demand for hip and knee replacements is causing challenges in providing timely access for those particular procedures. In the year ahead, we will continue to pay particular attention to reducing waiting times for procedures in the five priority areas, with a particular focus on hip and knee replacement surgeries.

Key Strategies:

- Investing in services that meet people's needs across their life-spans, including health promotion and disease prevention services, primary care, maternity care, acute care, cancer care, home care, rehabilitation services, residential care, mental health and addiction services, and end-of-life care.
- Continuing to focus on reducing wait times in key surgical and medical areas, including cardiac treatment, diagnostic imaging, joint replacements, cancer services and sight restoration. We will establish a new surgical patient registry to help manage elective surgery waiting times by ensuring the highest priority patients receive the first available spots, and develop other innovative approaches to managing increased surgical demand, particularly for hip and knee replacement procedures.

- Expanding primary care capacity and services delivered by doctors, nurse practitioners, midwives, pharmacists and other key professionals to provide effective first point of contact care and help keep people with chronic diseases as healthy as possible.
- Increasing the range of supportive living environments and community care options, across the spectrum from home care to residential facility care, for elderly and disabled individuals so they can remain as independent as possible in their own homes and communities while also having the full support of residential care if their health conditions require the highest level of care. Part of this strategy is building 5,000 new residential care, assisted living and supportive housing with care beds by December 2008.
- Provide British Columbians access to prescription drug therapy through the PharmaCare program, and develop a National Pharmaceuticals Strategy to provide all Canadians access to catastrophic drug coverage, accelerate access to breakthrough drugs, strengthen the national evaluation of drug safety and effectiveness, and pursue national purchasing strategies to obtain drugs and vaccines at the best price possible.

Performance Measures:

Measuring access to appropriate care is currently hindered by a number of factors, including the variable reliability of wait time data and the absence of clinical assessment tools that are accepted and consistently applied across the province. With the recent establishment of the first set of national wait time benchmarks, each province and territory is now working on establishing comparable indicators of access to health care professionals and diagnostic and treatment procedures. The ministry is actively participating in this process and is taking concerted action to improve wait time data to facilitate improved management and public performance reporting of waiting times.

Currently, the province maintains a public website with information on the percentage of total surgeries completed within certain times as well as monthly data on the median wait times and number of waitlisted patients for selected procedures. The Surgical Wait Time website (www.healthservices.gov.bc.ca/waitlist/) is updated regularly with information to help patients review their own wait times based on the statistics of specific specialists and surgeons.

Meanwhile, in this service plan we will continue to focus on the following indicators to determine our progress in creating the right balance between care provided in the hospital and care provided in the community, and in providing timely access to needed health services:

a) Timely access to residential care — the percentage of clients admitted to a residential care facility within 30days of approval.

This indicator tracks the percentage of seniors and people with disabilities who are admitted to residential care within 30days of being approved through assessment. Clients approved for residential care have complex care needs that require close attention. Improving access to this type of care leads to better outcomes and use of resources.

b) Timely access to cancer treatment — radiotherapy and chemotherapy.
Radiation therapy and chemotherapy are principal treatments in cancer care. Ensuring treatment is available and provided in a timely manner is important to achieving the best health outcomes for patients.

c) Timely access to hospital services — hospital admission from the emergency department.
A hospital admission can either be planned, such as scheduled surgery, or unplanned. This measure focuses on unexpected hospital admissions that occur through hospital emergency departments. Many people are appropriately treated and released from emergency departments, but some people require an extended course of treatment and must be admitted to hospital. Measuring the amount of time from the decision to admit a patient from an emergency department to when the patient is admitted to an inpatient bed provides an indication of access to appropriate levels of care.

Performance Measures	Baseline	2006/07 Target	2007/08 Target	2008/09 Target	Long-Term Target
Percentage of clients admitted to a residential care facility within 30 days of approval.	62.5%[1]	Increase over prior year.	Increase over prior year.	Increase over prior year.	TBD.
Waiting times for cancer treatment:					
a) Radiotherapy;	95.5% begin treatment within four weeks of being ready to treat. (2004/05)	Maintain at or above 90% within four weeks.	Maintain at or above 90% within four weeks.	Maintain at or above 90% within four weeks.	Maintain at or above 90% within four weeks.
b) Chemotherapy.	90% begin treatment within two weeks of being ready to treat. (2004/05)	Maintain at 90% within two weeks.	Maintain at 90% within two weeks.	Maintain at 90% within two weeks.	Maintain at 90% within two weeks.
Proportion of patients admitted from an emergency department to an inpatient bed within 10 hours of the decision to admit.[2]	66% admitted within 10 hours[3]	80% admitted within 10 hours.	80% admitted within 8 hours.	80% admitted within 8 hours.	TBD.

[1] In 2005/06 the ministry adopted a new method of data collection for access to residential care. This figure is preliminary as it is based on partial year data for 2005/06. The final baseline for this measure will be the 2005/06 end of year results as published in the ministry's 2005/06 annual report (published in June 2006).

[2] Major hospital sites only. Major hospital sites are those with over 35,000 emergency room visits per year and include Burnaby, Kelowna, Lions Gate, Nanaimo, Prince George, Richmond, Royal Columbian, Royal Jubilee, Royal Inland, St. Paul's, Surrey Memorial, Vancouver General and Victoria General Hospitals.

[3] In 2005/06 the ministry adopted a new method of data collection for this measure. This figure is preliminary as it is based on partial year data for 2005/06. The final baseline will be the 2005/06 end of year results as published in the ministry's 2005/06 annual report (published in June 2006).

Objective 2: *Patient-centred care tailored to meet the specific health needs of patients and specific patient groups.*

B.C.'s health system is committed to providing top quality care and services. When people use the system we must ensure the care they receive is centred on their needs, safe, evidence-based and will lead to the best health outcomes. Since one size does not fit all in health service delivery, the ministry is working with health authorities, physicians and other providers to design and deliver customized care that addresses the unique needs of patients or specific patient groups, such as those with chronic diseases. Implementing a quality focused, patient-centred approach can improve quality of life and health outcomes for patients and provide better use of health services.

Key strategies include:

- Providing targeted services for patients who have extensive health care needs or are at high risk. For instance, targeting programs for the frail elderly can provide needed services in a more coordinated manner, and lessen known risks in that population (e.g., hip fractures from falls).
- Increasing the emphasis on the effective management of patients with chronic diseases to prevent or slow disease progression. Focus areas will continue to be diabetes, congestive heart failure, kidney disease, chronic obstructive pulmonary disease, osteo and rheumatoid arthritis and dementia.
- Expanding end-of-life care services, including hospice and home-based palliative care, to provide dying people with greater choice and access to services.
- Ensuring the quality and safety of health services across the continuum of care by reviewing safety issues and by developing and implementing safety guidelines, best practices and initiatives.

Performance Measures:

Measures under this objective centre on improving chronic disease management, focusing specifically on the treatment of congestive heart failure and diabetes. Improvement targets have been set in accordance with best practices in treating these chronic conditions.

The ministry is also tracking an indicator to help us assess the availability of increased care options for persons at the end of life.

a) Use by physicians of appropriate drug therapies to treat congestive heart failure (CHF), measured by the percentage of patients suffering from CHF who are prescribed: a) ACE inhibitors; b) Beta blockers.

ACE inhibitor and Beta blocker drugs are recognized for their importance in treating patients suffering from congestive heart failure. Targets have been set in consultation with the Chronic Disease Collaborative, a collection of physicians working to implement best practices for chronic disease management.

b) Improved management of diabetes measured by the percentage of patients with diabetes who undergo at least two A_{1C} tests per year.

Diabetes is one of the most common chronic diseases. It affects about five per cent of British Columbians and is steadily increasing in prevalence. By taking two A_{1C} tests per year, patients and their physicians can be aware of abnormalities faster, and lower complication rates. This means a healthier life for the patient and a reduced impact on the health system.

c) Decrease in percentage of natural deaths occurring in hospital.

As part of a comprehensive plan to improve end-of-life care, the ministry is monitoring the number of natural deaths that occur in hospital. A decrease in the rate will serve as a proxy measure for improvements in the availability of a range of appropriate non-hospital choices for end-of-life care. It is recognized, however, that some deaths appropriately occur in a hospital setting. Accordingly, a long-term target has not yet been set as the ministry continues to work with partners like the Canadian Institute for Health Information to research and develop best practices for end-of-life care.

Performance Measures	Baseline	2006/07 Target	2007/08 Target	2008/09 Target	Long-Term Target
Percentage of patients suffering from CHF who are prescribed:					
a) ACE (or ARB) inhibitors;	50.4% (2004/05)	55%	60%	65%	75%
b) Beta blockers.	19.9% (2004/05)	22%	25%	30%	50%
Percentage of patients with diabetes who undergo at least two A_{1C} tests per year.	42.1% (2004/05)	45%	50%	60%	80%
Decrease in % of natural deaths occurring in hospital.	54.4% of natural deaths occur in hospital (2004).	Decrease over prior year.	Decrease over prior year.	Decrease over prior year.	TBD.

Objective 3: *Improved integration of health service providers, processes and systems to allow patients to move seamlessly through the system.*

The health system is very complex. The diversity of health needs across the province means the system is always caring for unique patients through different caregivers, in different settings, every day. While we have made good progress, the ministry and its partners will continue to work to improve the integration of those services so care can be provided in the most coordinated and seamless manner possible, which benefits both patients and health service providers.

In addition, the ministry is also committed to improved collaboration and coordination with other provincial government ministries and with agencies outside the traditional health system. Coordinated action and improved integration will allow government to provide better support services for persons with disabilities, special needs, children at risk and seniors.

Under this objective, the ministry has a particular focus on mental health and addiction services. People with mental illness or substance misuse disorders often must access various providers to receive care and support services. The ministry and its partners are working to ensure services, from child and youth to adult programs, are integrated and available within people's home communities to improve and simplify the patient experience, while ensuring the appropriate care and services are delivered.

Key strategies include:

- Providing a full continuum of high quality mental health and addiction services within each health authority, which better integrates primary, secondary, community and tertiary care and is integrated within the larger care networks.
- Expanding drug and alcohol treatment for at-risk and addicted people who are seeking help.
- Specifically addressing the need to provide integrated programs for youth addictions, including both detoxification and outreach programs. Particular focus will be placed on contributing to government's integrated approach to addressing crystal meth use in British Columbia.
- Working with other government ministries to ensure initiatives, programs and services are integrated to achieve maximum benefit for those in need, including people suffering from mental illness and/or substance misuse, children with special needs, children and seniors at risk, and persons with disabilities.

Performance Measure:

The ministry will measure the continuity of care in mental health services by tracking the percentage of persons hospitalized for a mental health diagnosis who receive community or physician follow-up within 30 days of discharge. A high rate of community or physician follow-up reduces the chances that a mental health client will suffer a relapse and have to be readmitted to hospital. It also indicates strong communication between discharge planners, community services and family physicians.

Performance Measure	2004/05 Baseline	2006/07 Target	2007/08 Target	2008/09 Target	Long-Term Target
Percentage of persons hospitalized for a mental health or addictions diagnosis that receive community or physician follow-up within 30 days of discharge.	76.1%	78%	79%	80%	80%

Goal 3: *A Sustainable, Affordable, Publicly Funded Health System.*

The public health system is affordable, efficient and accountable, with governors, providers and patients taking responsibility for the provision and use of services.

Core Business Areas: ***Services Delivered by Partners.***
Services Delivered by Ministry.
Stewardship and Corporate Management.

Objective 1: *Effective vision, leadership, direction and support for the health system.*

The ministry's strategic direction for the health system must be well articulated and communicated to the public and to those who deliver services to the public. The ministry is committed to leading and fostering a culture in which health system activities are evidence-based, well planned and understood, and in which accountability structures exist to ensure strategic directions guide service delivery activities. Further, it is important that the ministry effectively support its service delivery partners (health authorities and health professionals) to achieve the strategic priorities of the health system. It does so by supporting health research activities and the development of best practices for service delivery, and developing legislative, regulatory and policy frameworks to manage the health system and protect public health.

Key strategies include:

- Translating health care needs into clear strategic direction and measurable expectations that will guide operational management and delivery of health services.
- Facilitating the delivery of health services by partners through the development and use of best practice guidelines, standards, benchmarks and protocols.
- Providing legislative, regulatory and policy frameworks to ensure policy direction is clear and consistent and allows services to be delivered appropriately and cost-effectively.
- Providing strategic communication support to ensure accurate information is available in a timely and coordinated manner.

- Completing the commitment to provide $100 million by 2007 to the Michael Smith Foundation to expand health research and technology, and continuing to create opportunities for health partners to share knowledge and best practices to facilitate continuous improvement in service delivery.

Objective 2: *Strategic investments in information management and technology to improve patient care and system integration.*

Making the right investments in information management systems and new technologies will support the health system in meeting the goals and objectives set out in this service plan. Technology can improve system integration and efficiency, improve access to services across the province, assist managers and practitioners to make evidence-based decisions, and help citizens access valuable health information in a timely and convenient manner.

The ministry and its partners are working to realize the potential in each of these areas through implementation of B.C.'s eHealth Strategy. eHealth represents a major step in transforming the health care system into a seamless continuum of care, supported by a seamless web of health information. It is also a powerful tool to allow providers to apply the highest standards and best practices to improve the quality and safety of services for British Columbians. Further information on the eHealth strategy can be found at http://www.health.gov.bc.ca/cpa/publications/index.html.

Key strategies include:

- Enhancing patient care by enabling province-wide integration of and access to clinically required, person-specific data, while protecting personal privacy (electronic health record).
- Expanding telehealth to improve rural and remote residents' access to health services and specialists.
- Improving the clinical and management utility of health data for decision-making through broadened availability of quality data and analysis.
- Expanding public access to health services and health information through web-based applications.

Performance Measure

eHealth is about more than just information technology — it is about changing and modernizing clinical and business practices in the delivery of health services. Therefore, it is important to ensure physicians and health professionals are engaged in the design of the process changes and the selection and implementation of new supporting technology. Accordingly, the ministry will track physician engagement in the implementation and uptake of eHealth technologies.

Performance Measure	Baseline	2006/07 Target	2007/08 Target	2008/09 Target	Long-Term Target
Physician uptake of eHealth technology.	N/A	Implement engagement strategy and set baseline and targets.	TBD.	50%	100%

Objective 3: *Optimum human resource development to ensure there are enough, and the right mix of, health professionals.*

Skilled and caring health professionals are the cornerstones of our health system. Thousands of British Columbians seek medical attention every day, confident they are in the care of competent professionals who hold themselves to the highest standards. To be sustainable the system must ensure it has enough, and the right mix of, health professionals to provide the services that will meet British Columbian's needs now and in the future.

B.C. has made significant progress over the past four years in addressing our health human resource needs, but there is more work to be done. In early 2006, the ministry will publish a health human resource plan that highlights the many initiatives underway, and provides information on our strategies to address anticipated future gaps in the supply of health professionals. The plan will be available at http://www.health.gov.bc.ca/cpa/publications/index.html.

Key strategies include:

- Building on B.C.'s 10-year health human resources strategy, and collaborating with other provinces and territories, to ensure a stable supply of health professionals now and in the future.
- Aggressively recruiting foreign-trained doctors and nurses through the newly expanded B.C. Provincial Nominee Program, which allows applicants to gain permanent residence status more quickly and permanently practice in British Columbia.
- Working with the Ministry of Advanced Education and health system partners to implement human resource training plans, including increasing education and training opportunities. Key initiatives include expanding B.C.'s medical school, with campuses in Victoria, Prince George and Kelowna, doubling of the number of post-graduate residency spaces to 256 by 2010, and investing in the continued recruitment, training, and retention of nurses.
- Integrating nurse practitioners into B.C.'s health system, and increasing the number of nurse practitioners graduating in the province, including new graduates at University of Northern B.C.
- Addressing succession planning needs through initiatives to develop future leaders capable of managing the increasingly complex health system.
- Creating safe, positive work environments that attract and retain talented people.

- Implementing a ministry human resource plan that supports employee wellness and assists the ministry in meeting its strategic goals.

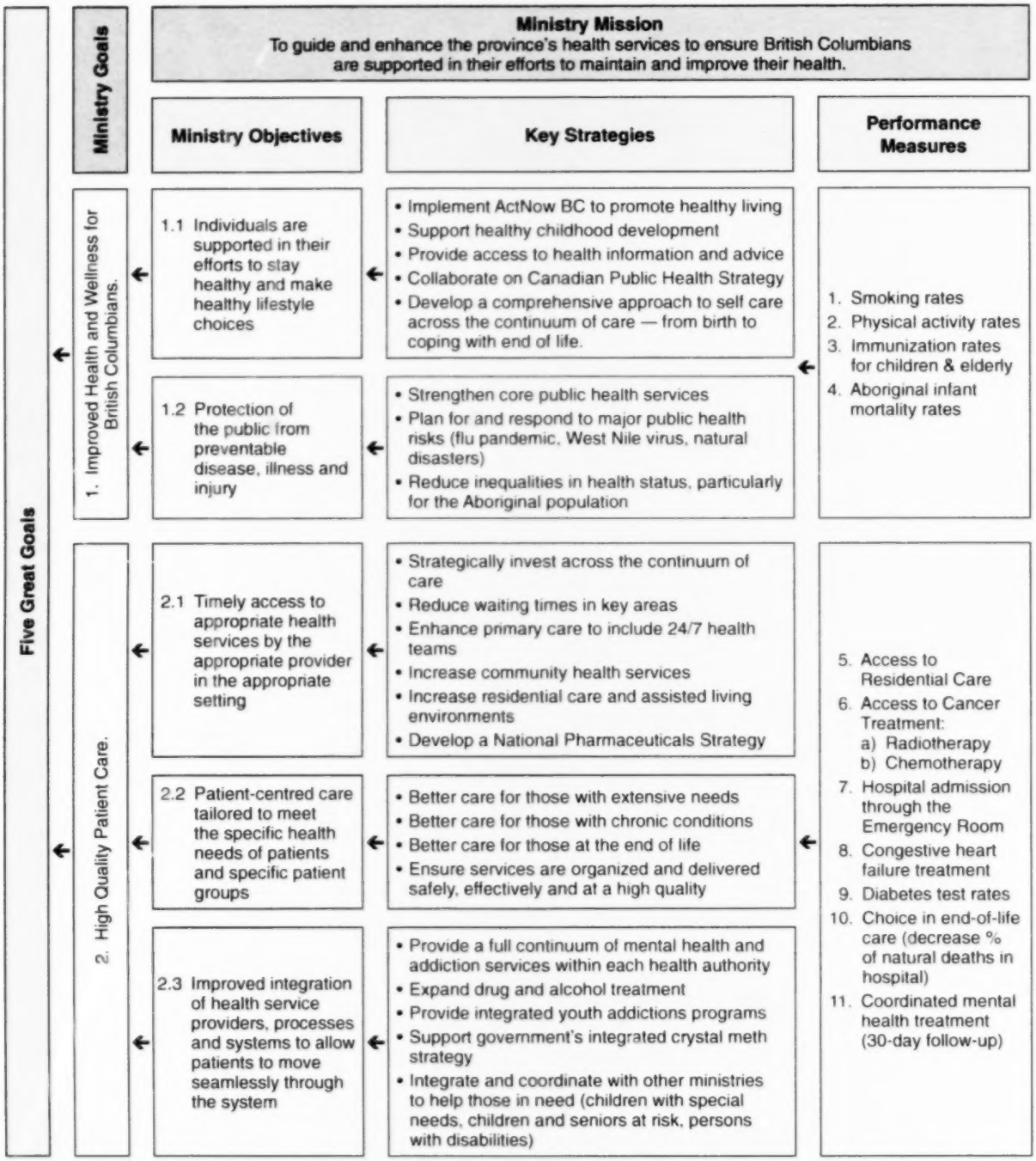
Objective 4: *Sound business practices to manage within the available budget while meeting the priority needs of the population.*

The ministry is committed to working with its partners to manage the health system efficiently to ensure resources are spent where they will have the best outcome. The ministry monitors and evaluates the delivery of services and the health of the population and works with its partners to ensure services delivered in the system meet the needs of the public. As part of a commitment to continuous improvement and evidence-based decision-making, the ministry uses its evaluations of health system performance to inform strategic direction and facilitate course correction where warranted. It also uses this information, along with population demographic and health need projections, to plan investments in the health system's physical infrastructure.

Key strategies include:

- Providing three-year funding commitments to health authorities, updated annually, to enable them to plan and act with certainty, and developing and implementing three-year performance agreements to detail responsibilities and expectations for service delivery.
- Effectively managing the Medical Services Plan and PharmaCare programs to ensure needed medical and pharmaceutical services are available and sustainable.
- Working with health authorities and other partners to plan and manage strategic capital investments to renew the health system's infrastructure, including facilities, equipment and information technology. Priorities include: expanding hospital services in Surrey and Delta; completing the new Abbotsford Regional Hospital and Cancer Centre; expanding B.C.'s medical school; providing 5,000 new residential care, assisted living and supportive housing with care beds; and investing in high tech medical equipment such as MRI's and CT Scanners.
- Working with system partners to ensure overall health system costs remain affordable and within budget.
- Monitoring and reporting publicly on health system performance and the health of the British Columbia population.
- Utilizing strategic partnerships and innovative approaches to improve services to the public within the available fiscal resources.

Ministry Performance Plan Summary


Five Great Goals
Ministry Goals
Ministry Mission
To guide and enhance the province's health services to ensure British Columbians are supported in their efforts to maintain and improve their health.
Ministry Objectives
Key Strategies
Performance Measures
1. Improved Health and Wellness for British Columbians.
1.1 Individuals are supported in their efforts to stay healthy and make healthy lifestyle choices
• Implement ActNow BC to promote healthy living
• Support healthy childhood development
• Provide access to health information and advice
• Collaborate on Canadian Public Health Strategy
• Develop a comprehensive approach to self care across the continuum of care — from birth to coping with end of life.
1. Smoking rates
2. Physical activity rates
3. Immunization rates for children & elderly
4. Aboriginal infant mortality rates
1.2 Protection of the public from preventable disease, illness and injury
• Strengthen core public health services
• Plan for and respond to major public health risks (flu pandemic, West Nile virus, natural disasters)
• Reduce inequalities in health status, particularly for the Aboriginal population
2. High Quality Patient Care.
2.1 Timely access to appropriate health services by the appropriate provider in the appropriate setting
• Strategically invest across the continuum of care
• Reduce waiting times in key areas
• Enhance primary care to include 24/7 health teams
• Increase community health services
• Increase residential care and assisted living environments
• Develop a National Pharmaceuticals Strategy
5. Access to Residential Care
6. Access to Cancer Treatment:
a) Radiotherapy
b) Chemotherapy
7. Hospital admission through the Emergency Room
8. Congestive heart failure treatment
9. Diabetes test rates
10. Choice in end-of-life care (decrease % of natural deaths in hospital)
11. Coordinated mental health treatment (30-day follow-up)
2.2 Patient-centred care tailored to meet the specific health needs of patients and specific patient groups
• Better care for those with extensive needs
• Better care for those with chronic conditions
• Better care for those at the end of life
• Ensure services are organized and delivered safely, effectively and at a high quality
2.3 Improved integration of health service providers, processes and systems to allow patients to move seamlessly through the system
• Provide a full continuum of mental health and addiction services within each health authority
• Expand drug and alcohol treatment
• Provide integrated youth addictions programs
• Support government's integrated crystal meth strategy
• Integrate and coordinate with other ministries to help those in need (children with special needs, children and seniors at risk, persons with disabilities)

Five Great Goals

Ministry Goals

3. A Sustainable, Affordable, Publicly Funded Health System.

Ministry Mission

To guide and enhance the province's health services to ensure British Columbians are supported in their efforts to maintain and improve their health.

Ministry Objectives	Key Strategies	Performance Measures
3.1 Effective vision, leadership, direction and support for the health system	• Provide clear strategic direction and measurable expectations for the health system • Develop best practice guidelines, standards, benchmarks, protocols • Provide appropriate legislative, regulatory and policy frameworks • Provide timely, accurate information • Support health research for system improvement	12. Physician uptake of eHealth technology
3.2 Strategic investments in information management and technology to improve patient care and system integration	• Enable province-wide integration of clinically required person specific data (electronic health record) • Expand telehealth to improve access to health services for rural and remote areas • Improve data availability and quality for management • Expand public access through web applications	
3.3 Optimum human resource development to ensure there are enough, and the right mix of, health professionals	• Implement B.C.'s Health Human Resource action plan • Work with partners to provide education and training opportunities, including medical school expansion • Integrate nurse practitioners into the system • Recruit foreign-trained doctors and nurses • Create safe, positive work environments that attract and retain talented people	
3.4 Sound business practices to manage within the available budget while meeting the priority needs of the population	• Implement performance agreements with HA's • Effectively manage MSP and PharmaCare programs • Strategically invest in health system infrastructure • Monitor, evaluate, and report publicly on health system performance and health of the population	

Related Initiatives and Planning Processes

Regulatory Reform

In 2001, government committed to reduce the overall regulatory burden in B.C. by one-third to be consistent with global trends in regulatory reform and management. That target has been met, and the Ministry of Health will contribute to government's intention to maintain a zero per cent increase to the baseline regulatory count throughout the next three fiscal years. The ministry will continue to identify regulatory reduction and reform opportunities, and focus on improving regulations to ensure they are consistently results-based, cost-effective, flexible and promote competitiveness and innovation.

Information Resources Management Plan

A summary of the ministry Information Resource Management Plan is available on the Ministry of Health website at: http://www.health.gov.bc.ca/cpa/publications/index.html.